



PATENTS  
102078-0002C1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re The Application of:  
Sameh Mesallum

Serial No.: 10/700,113

Filed: November 3, 2003

For: METHOD AND APPARATUS FOR  
PERFORMING TRANSESPHAG-  
EAL CARDIOVASCULAR PRO-  
CEDURES

Examiner: Not yet assigned

Art Unit: 3731

Cesari and McKenna, LLP  
88 Black Falcon Avenue  
Boston, MA 02210  
December 15, 2004

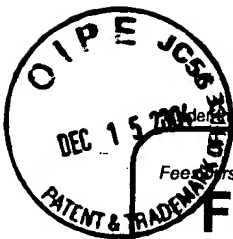
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X Fee Transmittal

X Preliminary Amendment  
X Current Claims Schedule  
X Fee Determination Record



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1150**

## Complete if Known

Application Number **10/700,113**  
Filing Date **November 3, 2003**  
First Named Inventor **Sameh Mesallum**  
Examiner Name  
Art Unit **3731**  
Attorney Docket No. **102078-002c1**

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: **03-1237** Deposit Account Name: **John F. McKenna**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 46 - 20 or HP = 26 x 85 = 650

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 8 - 3 or HP = 5 x 100 = 500

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets          - 100 =          / 50 =          (round up to a whole number) x          =         

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:         

Fees Paid (\$)

## SUBMITTED BY

Signature John F. McKenna Registration No. 20,912 Telephone 617-951-2500  
Name (Print/Type) John F. McKenna Date December 15, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10/700,113

## APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	
N/A	
TOTAL	

RATE (\$)	FEE (\$)
N/A	
N/A	
N/A	
X =	
X =	
N/A	
N/A	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## APPLICATION AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(i))	* 46	Minus	** 20	= 26
	Independent (37 CFR 1.16(h))	* 8	Minus	*** 3	= 5
	Application Size Fee (37 CFR 1.16(s))				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

RATE (\$)	ADDI- TIONAL FEE (\$)
X 25 =	650
X 100 =	500
N/A	
TOTAL ADD'L FEE	1150

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(i))	*	Minus	**	=
	Independent (37 CFR 1.16(h))	*	Minus	***	=
	Application Size Fee (37 CFR 1.16(s))				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

RATE (\$)	ADDI- TIONAL FEE (\$)
X =	
X =	
N/A	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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12-16-04

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December 15, 2004

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Alexandria, VA 22313-1450

Sir:

**PRELIMINARY AMENDMENT**

In the specification, amend paragraph [0001] as shown on the attached Specification Amendment Schedule.

In the claims, add new claims 18 to 46 as shown on the attached Current Claims Schedule.